

# Montana Office of Public Instruction

## Harassment/Bullying/Intimidation Model Incident Reporting Form

### Disclaimer:

The following Model Incident Report Form (form) is provided by the Montana Office of Public Instruction to be used by school districts at their discretion. Using portions or the entirety of this form is not mandatory. This form is to be used only as a tool to facilitate the enforcement of school district bullying policy and the Montana Office of Public Instruction encourages each school district to develop a form based on the unique characteristics of that district.

\_\_\_\_\_ SCHOOL DISTRICT: BULLYING/HARASSMENT/INTIMIDATION INCIDENT REPORTING FORM

This form is to be used to report incidents of bullying/harassment/intimidation. False reporting is prohibited.

I, \_\_\_\_\_, was a target of/witness to/received a report of (circle one) a bullying incident.

I am a:

☐ student ☐ teacher ☐ parent ☐ other (please specify) \_\_\_\_\_

The incident took place:

☐ on school property ☐ at a school sponsored event ☐ on a bus or other school vehicle  
☐ off school property (describe where) \_\_\_\_\_  
☐ other \_\_\_\_\_

Describe in detail the incident, including location, any injuries or damage to property, etc. (Use back of form if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was this an isolated incident? ☐ Yes ☐ No

If "No," how many other incidents have there been? \_\_\_\_\_

Date and description of incident: \_\_\_\_\_  
\_\_\_\_\_

Aggressor Information: \_\_\_\_\_

The aggressor was:

☐ a student ☐ a teacher ☐ other (please specify) \_\_\_\_\_

Aggressor's name, grade (if known): \_\_\_\_\_

Other affected Students (Please indicate whether witness, bystander, or target):

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Montana Office of Public Instruction  
Harassment/Bullying/Intimidation Model Incident Reporting Form  
Continued

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Other(s) \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing out Report

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Filing out Report

For Administrative Use Only

\_\_\_\_\_  
Signature of Person Receiving Form

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Time:

Incident assigned for investigation to: \_\_\_\_\_

By \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Signature of Person Assigned to Investigate

\_\_\_\_\_  
Date